

## HCBS Residential Provider Self-Assessment

May 19, 2015

### **HCBS Residential Provider Self-Assessment: LeadingAge Wisconsin Guidance**

The federal Centers for Medicare and Medicaid Services (CMS) in 2014 issued new rules requiring states that operate Medicaid home- and community-based services (HCBS) waivers to ensure that all Medicaid HCBS are provided in settings that have the community-based qualities described in the rule. In Wisconsin, Medicaid HCBS waiver programs include Family Care, Family Care Partnership, IRIS, COP-W, and CIP II. A facility's continued eligibility for MA-waiver funds will be predicated on compliance with the settings requirements under the new rule (For more information on the CMS HCBS settings requirements, go to: [www.medicaid.gov/hcbs](http://www.medicaid.gov/hcbs). Keep in mind that Family Care, COP-W and CIP II all are Section 1915(c) Medicaid waivers).

In April, the Department of Health Services (DHS) notified all residential service providers that care for residents participating in one of Wisconsin's Medicaid HCBS waiver programs that MetaStar, on behalf of the DHS, is responsible for distributing and collecting online residential provider self-assessment surveys that will be the initial indicator of whether facilities providing HCBS services are in compliance with federal requirements. Facilities have until May 25, 2015 to complete the on-line survey but we understand that there may be some leeway in meeting that deadline. LeadingAge Wisconsin recommends all residential facilities complete this on-line survey; failure to do so could jeopardize Medicaid HCBS funding.

According to the DHS notice provided to facilities, "the self-assessment asks questions that will help providers and the state to determine the extent to which settings currently comply with the requirements of the federal rule and to identify the areas where changes are needed to ensure compliance. The intent of the self-assessment is not to disqualify settings, but to help providers and the waiver agency(ies) they work with to determine actions needed to meet the requirements under the federal rule."

The Association created the LeadingAge Wisconsin Workgroup on the HCBS Residential Provider Self-Assessment Survey with the goal of offering guidance to members on how best to respond to the survey questions in hopes of assuring, or at least moving toward, compliance with the rule. The Workgroup met on May 14, 2015 to review and discuss the on-line survey. Members of the Workgroup included:

- Fran Petrick, Brookside Care Center, Kenosha
- Lynn Vogt, St. Anne's Salvatorian Campus, Milwaukee
- Matt Furno, Samaritan Health Center, West Bend
- Ed Somers, Shorehaven, Oconomowoc
- Sandra Hackenmueller, St. Croix Health Center, New Richmond
- Sondra Norder, St. Paul Elder Services, Kaukauna
- Karen Sepich, Bethany St. Joseph Corporation, La Crosse
- Jane Hooper, Clearview, Juneau
- Jessica Gjertsen, Lakeview Health Center, West Salem
- Tom Ramsey, LeadingAge Wisconsin
- Brian Schoeneck, LeadingAge Wisconsin

***It was the consensus of the LeadingAge Wisconsin Workgroup on the HCBS Residential Provider Self-Assessment Survey that most of the questions in the survey simply should be answered by checking the appropriate box(es), with the COMMENT section used only to clarify a response, not to mount a defense of the non-institutional aspects of your HCBS setting (see below).*** The DHS has stated consistently that the provider self-assessment survey “only is intended as a starting point in the process of determining compliance with the CMS home- and community-based services (HCBS) settings requirements and that providers will not be determined to be in or out of compliance based solely on their survey responses.” According to the DHS, the COMMENTS section of the survey “is intended for brief explanatory comments and not as a way for a provider to make a case for compliance with the CMS requirements.”

In essence, providers are considered non-institutional until proven institutional. Thus, the Workgroup determined that the survey responses should be as brief as possible in hopes that further questioning might be avoided. However, the real test of compliance will begin with the next step in the process, the Provider Self-Assessment Validation, which according to the DHS Transition Plan is to begin upon the May 25, 2015 conclusion of the provider self-assessment survey and conclude in June 2016. Under the self-assessment validation process, the DHS will select a sample of settings (the size of which has yet to be determined, although geographic, size and licensure considerations will be taken into account) that will have on-site visits from their Family Care managed care organization(s) (MCO) or Medicaid waiver agency in non-Family Care counties to determine if their survey responses can be supported by evidence. According to the Department, evidence that will be considered includes policies and procedures, physical characteristics of the setting, individual service plans, conversations with Family Care/waiver participants who live in the setting, and other relevant information provided by the setting.

The real compliance issues will begin to come into focus during this validation process. The self-assessment survey responses kick off that process but once again only are a starting point. Having stated that, members should only provide survey responses that can be proven. Do not provide a “non-institutional” response which can’t be documented or otherwise backed up. Completing this survey should take little time; providing the evidence to show compliance with the CMS HCBS settings requirements, the next step in this process, could prove to be more difficult and time-consuming. But there will be time to collect that evidence.

The Workgroup identified areas of the on-line survey under which providers may be best served by offering clarifying statements under the comments section. The Workgroup's guidance with respect to these areas is available [HERE](#).

Should you have any questions regarding this issue and the guidance developed by the Workgroup, please do not hesitate to contact Tom Ramsey, LeadingAge Wisconsin Vice President of Public Policy and Advocacy ([tramsey@leadingagewi.org](mailto:tramsey@leadingagewi.org)) or Brian Schoeneck, LeadingAge Wisconsin Vice President of Financial and Regulatory Services ([bschoeneck@leadingagewi.org](mailto:bschoeneck@leadingagewi.org)).

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